



Federal Bureau of Investigation – Law Enforcement Online

AUTHORIZATION FOR EMPLOYER TO RELEASE INFORMATION

Please read the following statement, sign, and return to LEO Membership Services via fax to 877-232-9536 or email to membership@leo.gov.

I, _____, hereby authorize my current employer, _____, to release verification of my employment to the Federal Bureau of Investigation's Law Enforcement Online (LEO) Program. I understand that any information released by my employer will be held in strict confidence and that it will be used only for employment verification purposes by the Federal Bureau of Investigation's Law Enforcement Online Program.

Signature

Print name

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